



Athletic Player Registration Form

TEAM NAME

PREFERRED DAY OF PLAY: (circle one)

LEAGUE: ☐ COED

TEAM STATUS: ☐ NEW

SEASON: ☐ Summer
☐ Spring

SU M TU W TH

☐ MEN

☐ RETURNING

☐ Fall

☐ Winter

☐ WOMEN

SPORT (select one)

☐ ULTIMATE FRISBEE

☐ KICKBALL

☐ PICKLEBALL

☐ FLAG FOOTBALL

☐ BEAN BAG / CORNHOLE

☐ SOCCER

☐ SOFTBALL - Slowpitch

☐ SOFTBALL - Fast pitch

☐ SOFTBALL - Modified

☐ VOLLEYBALL - Power (officiated)

☐ VOLLEYBALL - Recreational (Non-officiated)

Level of Play

☐ Advanced

☐ Intermediate

☐ Lower

PLAYERS - Please Read Before Signing the Roster Form!!

I understand that participation in Parks and Recreation programs involves an element of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for myself and my family and release the City of Eau Claire, its employees, and other participants from any liability for injuries and damages sustained while participating in this program.

TEAM MANAGER - Please Read Prior to Signing!!

I verify that all of the player information supplied is correct, all of the players have signed below in their own handwriting, and are eligible to compete with my team. I agree to be bound by the rules and regulations of this program as specified by the Eau Claire Parks, Recreation, and Forestry Department as contained in the League by-laws.

Manager

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	PLAYER NAME	ADDRESS	CITY, STATE, ZIP	PHONE (home/cell)	EMAIL ADDRESS	D.O.B.	INITIAL (I have read the waiver above)	E.C. RESIDENT (Yes or No)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

More roster space on the back!

← OVER →

PLAYERS - Please Read Before Signing the Roster Form!!

I understand that participation in Parks and Recreation programs involves an element of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for myself and my family and release the City of Eau Claire, its employees, and other participants from any liability for injuries and damages sustained while participating in this program.

PLAYER NAME	ADDRESS	CITY, STATE, ZIP	PHONE (home/cell)	EMAIL ADDRESS	D.O.B.	INITIAL (I have read the waiver above)	E.C. CITY RESIDENT (Yes or No)
13							
14							
15							
16							
17							
18							
19							
20							

FOR OFFICE USE ONLY		
INITIALS	DATE	Division